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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONJUN 22 2011
Jun 22, 2011
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
aewPERCY ROUNDS(Enter above the full name
of the plaintiff or plaintiffs in
this action)

11 C 4247

Judge Rebecca R. Pallmeyer
Magistrate Judge Maria Valdez

vs.

Case No. _____

(To be supplied by the Clerk of this Court)

SHERIFF THOMAS J DART
IN HIS OFFICIAL CAPACITYCOOK COUNTY, Illinois
1/6/0
GERMAK HEALTH
SERVICES OF COOK COUNTYJOHN DOE DENTIST / SAWE DOE DENTAL
(Enter above the full name of ALL ASSISTANT
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

 COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants) COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants) OTHER (cite statute, if known)BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.

I. Plaintiff(s):

A. Name: PERCY ROUNDS

B. List all aliases: ERIC KING MURPHY ROUNDS

C. Prisoner identification number: 20100108113

D. Place of present confinement: C.C.D.O.C

E. Address: 2950 CALIFORNIA

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: SHERIFF THOMAS J DART
Title: SHERIFF
Place of Employment: SHERIFF DEPT.

B. Defendant: GERMAK HEALTH SERVICES OF COOK COUNTY
Title: GERMAK HEALTH DEPT
Place of Employment: COOK COUNTY DEPT OF CORRECTION

C. Defendant: JOTHN DOE DENTIST, JANE DOE DENTAL ASSISTANT
Title: GERMAK HEALTH DENTIST & GERMAK HEALTH DENTAL ASSISTANT
Place of Employment: COOK COUNTY DEPT OF CORRECTION

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: _____

B. Approximate date of filing lawsuit: _____

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

D. List all defendants: _____

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____

F. Name of judge to whom case was assigned: _____

G. Basic claim made: _____

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I BEGAN EXPERIENCING PAIN IN MARCH OF 2010. THE PAIN WAS SO EXCRUCIATING, SOME NIGHTS I COULDN'T SLEEP BECAUSE OF IT. IT ALSO BECAME VERY DIFFICULT FOR ME TO EAT. I THEN BEGAN PUTTING IN REQUEST SLIP AFTER REQUEST SLIP, TO GET THE CHIPPED TOOTH "REMOVED. AS TIME PROGRESSSED THE "CHIPPED TOOTH" STARTED TO CUT THE INSIDE OF MY JAW. AFTER NEVER BEING CALLED TO THE DENTIST, I WROTE MY FIRST GRIEVANCE ON THE DATE OF 6/2/10. THE DENTIST DEPT SCHEDULED ME FOR 6/16/10 IN WHICH NOTHING WAS DONE. I THEN WROTE ANOTHER GRIEVANCE BECAUSE THE PAIN WAS BECOMING UNBEARABLE. THE DATE OF THAT GRIEVANCE WAS 6/25/10. I WAS THEN SCHEDULED FOR 6/30/10 WHICH I WAS SEEN, THEN PRESCRIBED ANTI-BIOTICS BECAUSE FOOD WAS GETTING INTO THE HOLE OF MY TOOTH. CONSEQUENTLY THAT CAUSED A ABSCESS ON MY GUMS. I WROTE YET ANOTHER GRIEVANCE BECAUSE

I WAS DENIED DENTAL TREATMENT FOR MONTHS & MONTHS. THE DENTIST DEPT SAW ME ON 7/7/10 WHICH ONE TOOTH WAS PULLED. I WAS THEN SCHEDULED FOR 8/18/10 WHICH I WAS NEVER SEEN. THE PAIN BECAME UNBEARABLE AGAIN SO ON 1/3/11 I COMPLAINED AGAIN BY WRITING MEDICAL REQUEST SLIPS TO THE DENTIST DEPT. AGAIN I HAD TO WRITE ANOTHER GRIEVANCE. I WAS SEEN BY THE DENTIST DEPT ON 8/3/11 AND THE DENTIST WHICH WAS A DIFFERENT DENTIST FROM THE TIME BEFORE INFORMED ME THAT A PIECE OF THE CHIPPED TOOTH STILL REMAINED IN MY GUMS. THE PIECES OF ^{THAT} TOOTH HAVE YET TO BE REMOVED.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

WHAT EVER RELIEF THIS COURT
DEEMS APPROPRIATE

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20 _____

Percy Rounds
(Signature of plaintiff or plaintiffs)

PERCY ROUNDS
(Print name)

20100108113
(I.D. Number)

2950 CALIFORNIA
CHICAGO ILL 60608
(Address)